



STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
Division of Water Resources
Knoxville Environmental Field Office
3711 Middlebrook Pike
Knoxville, Tennessee 37921

March 16, 2017

Mr. Jerry Kerley
City of Crossville
963 City Lake Road
Crossville, TN 38572

RE: **Holiday Lake Dam; Cumberland County**
I.D. No. 18-7022

Dear Mr. Kerley:

In order that a Certificate of Approval might be issued for operation of the above referenced dam, a safety inspection has been scheduled for April 4, 2017. You or your representatives are welcome to participate in the inspection. If the above schedule is inconvenient, or if any special arrangements are needed for access to the property, please notify me at (865) 594-5562 as soon as possible. Prior to the inspection, the dam should be cleared of all brush and the grass clipped to facilitate a more complete inspection.

Enclosed is a partially completed renewal application form and, in accordance with T.C.A. 69-11-116, invoice #17-520 for the safety inspection fee of \$500.00. Please check the information on the application for accuracy, making any changes as necessary, and sign and date the first page. Please return the completed form and the fee payment to the address given on the attached invoice within 30 days. **Failure to do so is a violation of T.C.A. 69-11-109. Late penalties and interest will be charged on all fees not paid within 30 days of invoice date.** The invoice number should be written on your check so that payment can be properly credited.

Your cooperation will be appreciated.

Sincerely,

Terrell Hendren, P.E.
Environmental Consultant
Knoxville Environmental Field Office
Division of Water Resources

Enclosures

cc: DWS, Nashville, Safe Dams Program



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
 Division of Water Resources
 William R. Snodgrass Tennessee Tower, 11th Floor
 312 Rosa L. Parks Avenue
 Nashville, TN 37243

RENEWAL APPLICATION
 FOR CERTIFICATE OF APPROVAL AND SAFETY
 SAFE DAMS ACT OF 1973
 T.C.A. 69-11-101 et seq.

In accordance with the Safe Dams Act of 1973, Chapter 0400-45-7-04, an application for a Certificate of Approval and Safety for operation of an existing dam shall be made on forms available from the Commissioner within 30 days of being notified of the need to apply for an Operating Certificate.

Application is hereby made to operate Holiday Lake Dam
Name of Dam

in Cumberland County, Tennessee. I.D. No. 18-7022

Name of All Owner(s) City of Crossville
Individual, City, Corporation, or Other

NOTE: Additional owners (any individual, firm, association, agency, etc. who owns an interest in, controls, or operates a dam) must be listed and attached to this application.

Address of Owner(s) 963 City Lake Road
Crossville, TN 38572

Mailing Address
 (if different)

Telephone (931)788-5515

Date _____ Signed _____
Owner or Official Directly Responsible

Type or Print Signature

Type or Print Title

*** OFFICE USE ONLY ***

Application: Date Received _____ Number _____

Fee: Date Received _____ Receipt Number _____



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INVOICE FOR INSPECTION FEE

In accordance with the provisions of the Safe Dams Act of 1973, T.C.A. 69-11-101 et seq., and rule 0400-45-7-.09 of the regulations.

ISSUED TO: City of Crossville
963 City Lake Road
Crossville, TN 38572

FOR: Safety inspection of Holiday Lake Dam on April 4, 2017
(date)
 I.D. Number: 18-7022 County: Cumberland

INVOICE NUMBER: 17-520 FEE AMOUNT: \$500.00
 INVOICE DATE: March 16, 2017 DATE DUE: April 16, 2017

FEES NOT PAID BY THE DATE DUE WILL ACCRUE PENALTY CHARGES OF FIVE (5) PERCENT PLUS INTEREST CHARGES AT THE MAXIMUM LAWFUL RATE. LATE CHARGES WILL CONTINUE TO ACCRUE UNTIL THE FEE IS PAID IN FULL.

All fees and charges shall be made only by check or money order, payable to the State of Tennessee. Please remit to:

ATTN: Betty Bledsoe
 Tennessee Department of Environment and Conservation
 Division of Water Resources
 William R. Snodgrass Tennessee Tower, 11th Floor
 312 Rosa L. Parks Avenue
 Nashville, TN 37243

**** FOR OFFICE USE ONLY *****

DATE RECEIVED _____ RECEIPT NUMBER _____
 POSTMARK DATE _____ CASH DEPOSIT # _____
 AMOUNT OF CHECK _____ CHECK NUMBER _____